

APPLICATION FOR CERTIFIED COPY OF DEATH  
DECATUR COUNTY DEPARTMENT OF HEALTH  
VITAL RECORDS SECTION

801 N. Lincoln Street  
Greensburg, IN 47240  
(812)663-8301

DATE \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of  
Death(City) \_\_\_\_\_ (County) \_\_\_\_\_ Indiana

Your Relationship To The Person Named On This Record \_\_\_\_\_

Purpose For Which The Record Is To Be Used \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number(\_\_\_\_) \_\_\_\_\_

THERE IS A \$ 5.00 SEARCH FEE FOR EACH CERTIFICATE.

IF REQUESTING BY MAIL, ENCLOSE \$ 5.00 FOR EACH CERTIFICATE ORDERED  
PLUS A SELF-ADDRESSED, STAMPED ENVELOPE. PLEASE ENCLOSE COPY OF  
SIGNATURE I.D.